

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101577603

FILING DATE

4-27-06

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
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9						
10						
11						
12						
13						
14						
15			1	-		
16			1	-		
17			1	-		
18			1	-		
19			1	-		
20				-		
21				-		
22				-		
23				-		
24				-		
25				-		
26				-		
27				-		
28			1	-		
29			1	-		
30			1	-		
31			1	-		
32			1	-		
33			1	-		
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47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			19			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						